

FORM PTO-1449 (REV. 7-80)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. H-727-05	SERIAL NO.
LIST OF DOCUMENTS CITED BY APPLICANT (Use several sheets if necessary)				APPLICANT K. TANAKA et al	
				FILING DATE August 26, 2003	GROUP 2819

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
<i>Wm</i>	AA	5,939,762	08/1999	Lien			
	AB	5,559,996	09/1996	Fujioka			
	AC	5,666,070	09/1997	Merritt et al			
	AD	5,659,258	08/1997	Tanabe et al			
	AE	5,952,847	09/1999	Plants et al			
	AF	5,576,639	11/19/96	Park			
	AG	6,111,426	08/2000	Gaultier			
	AH	5,831,447	11/1998	Chaw			
	AI	5,489,859	02/1996	Kawaguchi et al			
	AJ	5,367,205	11/1994	Powell			
<i>Wm</i>	AK	5,635,859	06/03/97	Yokota et al			

FOREIGN PATENT DOCUMENTS

		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATIO YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Wm</i>	AL	4-150222	05/1992	Japan			<input type="checkbox"/> <input type="checkbox"/>
<i>Wm</i>	AM	4-268818	09/24/92	Japan			<input type="checkbox"/> <input type="checkbox"/>
<i>Wm</i>	AN	0 334 050	09/27/89	Europe			<input type="checkbox"/> <input type="checkbox"/>
	AO						<input type="checkbox"/> <input type="checkbox"/>
	AP						<input type="checkbox"/> <input type="checkbox"/>

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EXAMINER

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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form next communication to applicant.

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* EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
GR	AA 5,410,266	04/25/95	Manley			
	AB 5,329,182	07/12/94	Yu			
	AC 4,939,478	07/03/90	Heimsch et al			
	AD 6,163,170	12/2000	Takinomi			
	AE 6,307,236	10/23/01	Matsuzaki et al			
	AF 6,222,385	04/2001	Kang			
VMW	AG 6,023,175	02/2000	Nunomiya et al			
AH						
AI						
AJ						
AK						

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AL						<input type="checkbox"/>	<input type="checkbox"/>
AM						<input type="checkbox"/>	<input type="checkbox"/>
AN						<input type="checkbox"/>	<input type="checkbox"/>
AO						<input type="checkbox"/>	<input type="checkbox"/>
AP						<input type="checkbox"/>	<input type="checkbox"/>

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